MassHealth Training Forum Provider Updates

January 2024

Executive Office of Health & Human Services

Agenda

- **Welcome and Agenda Overview -** Nestor Rivera, Sr. Provider Relations Specialist, MassHealth Business Support Services

- **Primary User Policy**- Nestor Rivera, Sr. Provider Relations Specialist, MassHealth Business Support Services

- **Helping MassHealth Members With Their Renewals**– Nestor Rivera, Sr. Provider Relations Specialist, MassHealth Business Support Services

- **Transportation Program Reminders** – Nestor Rivera, Sr. Provider Relations Specialist, MassHealth Business Support Services

- **Long-Term Services and Supports Provider Communications-** Presented by – Sarah Westring – Senior Provider Enrollment Specialist - Optum

- **Ordering Referring and Prescribing (ORP) Requirements Update –** Michael Gilleran, Sr. Provider Relations Specialist, MassHealth Business Support Services

- **MassHealth Doula Provider Program -** Michael Gilleran, Sr. Provider Relations Specialist, MassHealth Business Support Services

- **E-Signature Update** – Michelle Croy, Sr. Provider Relations Specialist, MassHealth Business Support Services

- **MassHealth Updates** – Michelle Croy, Sr. Provider Relations Specialist, MassHealth Business Support Services
  - Childrens Behavioral Health Initiative CANS Tool Update
  - Provider Training Opportunities
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Provider Online Service Center (POSC) Primary User Policy

Presented by – Nestor Rivera, Sr. Provider Relations Specialist, MassHealth Business Support Services

Primary User Policy

- The Executive Office of Health and Human Services has recently published its long standing MassHealth Provider Online Service Center (POSC) Primary User Policy and All Provider Bulletin [All Provider Bulletin 377: MassHealth Provider Online Service Center(POSC) Primary User Policy](#) on Mass.gov.

- The policy outlines the responsibilities of an enrolled provider for management of the access to its information on the POSC. This includes the designation of the organization's Primary User (system administrator) and the responsibilities of the designated Primary User.
  - The organization must assign a single backup Primary User at the PID/SL level to manage access to the organization's information if the Primary User is unavailable.

- The Primary User within each organization is the person responsible for managing access to the organization's information on the POSC.

Primary User Policy (continued)

- Ineffective management of this information could allow staff and affiliate organizations to continue to access the provider's information and submit transactions on behalf of a provider after they have left employment or the termination of contractual agreements.

  – This could leave providers vulnerable to fraud as well as enabling persons or entities to leverage the organization's information to benefit themselves or other organizations.

- Please review the [MassHealth Provider Online Service Center (POSC) Primary User Policy](#) and ensure that your organization follows and continues to adhere to the policy.

Organizational Responsibilities

Each MassHealth enrolled Organization must ensure that procedures are in place that support the secure management and access of the organization's information. Specifically, organizations must ensure the following:

- Timely, accurate, user education, and the assignment and maintenance of the Primary User and the back-up Primary User.

- Timely modification of User access once a staff person's role has changed within the organization (add/removal of POSC services) or the contractual relationship with an affiliate has been modified.

- A semi-annual, or annual review of all POSC user access is established and maintained to ensure that only those individuals who should have access to the organization's data can view, submit, or receive information on behalf of the organization.

Organizational Responsibilities (continued)

- Large provider organizations with multiple PID/SLs must ensure that there is not a single Primary User responsible for managing access to the organization's information for an excessive number of PID/SLs. The number of staff and affiliate organizations associated with multiple PID/SLs can become onerous and difficult to maintain.
  - Segment the PID/SLs across multiple Primary Users based upon the size of the organizations that they will be responsible for managing to ensure the level of review and maintenance can effectively be maintained.

- Ensure that both the Primary User and backup Primary User roles are filled at all times, and staff are actively managing access to the organization's information at all times.

- It is imperative that organizations ensure that only the designated Primary User and Backup Primary User have the ability to manage access to the organization's data (2 staff total).

Primary User Designation - Clean up

- **NON-COMPLIANT ORGANIZATIONS:** MassHealth has contacted the primary users within organizations that have more than the required number of primary users (3 or more primary users) to update their primary user designations to align with MassHealth's primary user policy. Additionally, MassHealth has:

  - Conducted 3 Primary User education sessions

  - Provided a survey for organizations to identify the 2 primary users:

  - Issued a Banner and Broadcast message to communicate the requirement to update the primary user designations

  - Extended the deadline to complete the survey to January 15, 2024

Primary User Designation - Clean Up (continued)

- **Final Opportunity for Non-Compliant Organizations:** Non-compliant organizations have one final opportunity to update the primary user designations to align with MassHealth's primary user policy by completing the survey below, **no later than March 31, 2024:**

    - https://forms.office.com/g/nYNPPSxAQp

- **All Other Organizations:** MassHealth is extending this one-time opportunity for organizations to modify their primary user designations by completing the same survey noted above **no later than March 31, 2024:**

- **Please note:** MassHealth is exploring technical solutions to further align Primary User designations.

For questions please contact:

Long-Term Services and Supports:

Phone: (844) 368-5184 (toll free)

Email: support@masshealthltss.com

Fax: 888-832-3006

All Other Provider Types:

Phone: (800) 841-2900; TTY: 711

Email provider@masshealthquestions.com

REMINDER: Primary User Roles and Responsibilities

The Primary User is the administrator of the account for the Provider Id/Service Location (PID/SL) and responsible for maintaining access to an organization's information on the Provider Online Service Center (POSC). This includes performing the following functions:

- Creating new subordinate user IDs for non-existing users,

- Linking subordinate user IDs for existing users,

- Resetting passwords for subordinate user IDs,

- Updating the access of subordinate user ID as needed, and

- Terminating the access of subordinate users as needed,

- Conducting a quarterly, semi-annual, or annual review of user access.

REMINDER: Primary User Roles and Responsibilities (continued)

The Primary User for the PIDSL is also responsible for notifying relevant staff within the organization of:

- Who the Primary User and back-up administrator are,

- What the role of the Primary User is, and

- The organization's protocols related to user ID access,

- Maintaining a quarterly, semi-annual, or annual review of all user access to safeguard the organization's MassHealth information.

Helping MassHealth Members With Their Renewals

Presented by – Nestor Rivera, Sr. Provider Relations Specialist, MassHealth Business Support Services

Agenda (MBR Renewals)
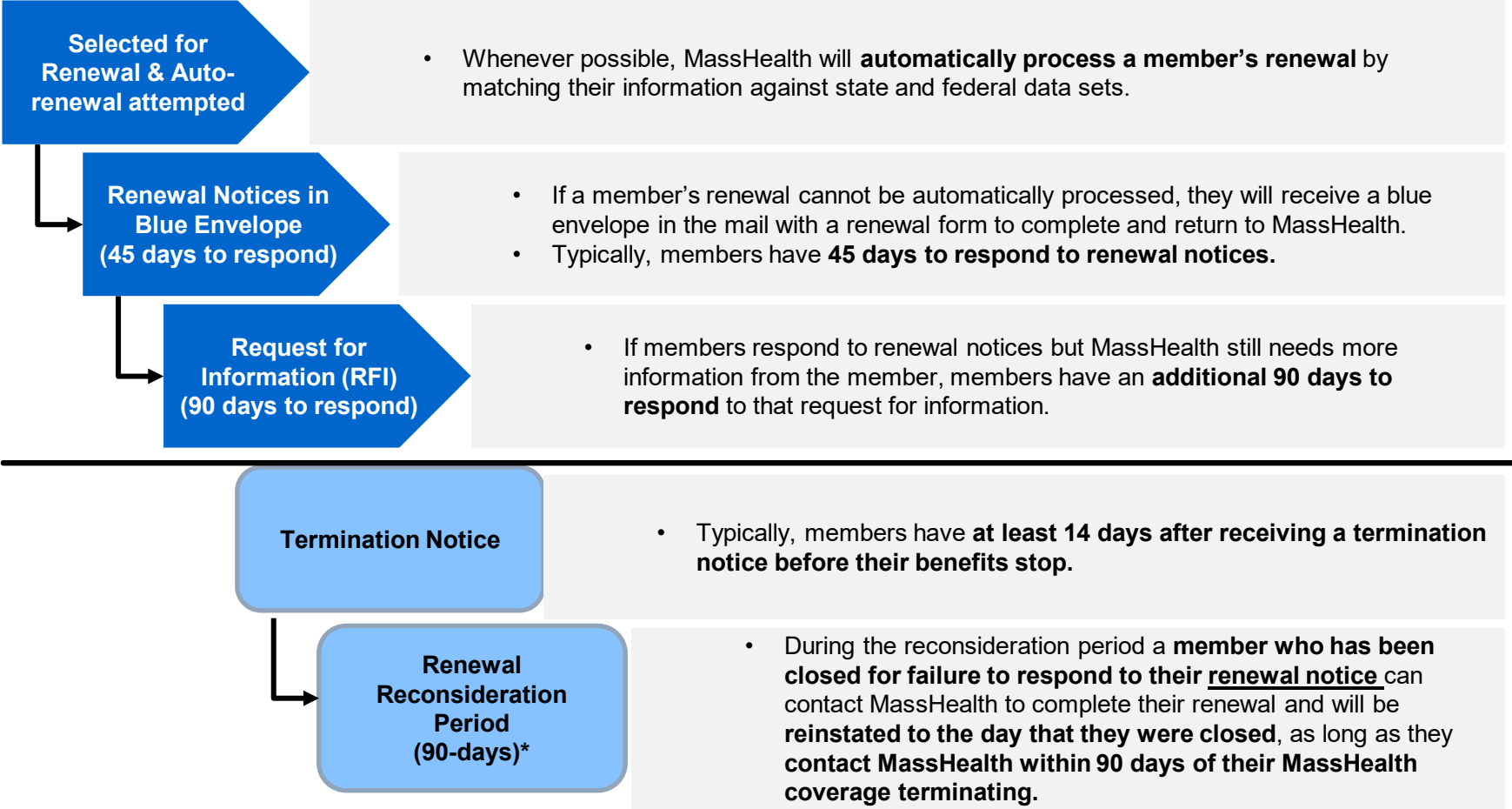
Act now.
Stay covered.

Today, we will:

✓ Provide some reminders and updates on MassHealth renewals

✓ Discuss how you can help members get back on coverage

✓ Review provider billing requirements

Why are we talking about renewals this year?

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- At the beginning of the COVID-19 public health emergency (PHE), the federal government implemented **continuous coverage** requirements.

- In response to these requirements, **MassHealth put protections in place that prevented members' MassHealth coverage from ending.**

- The federal government ended continuous coverage requirements on April 1, 2023, and **MassHealth has begun to return to standard annual eligibility renewal processes.**

- **All members will be renewed by MassHealth** to ensure they still qualify for their current benefit. Many members will even be automatically renewed, including those who receive Social Security Insurance.

- These **renewals will take place over 12 months**, from April 2023 – 2024. This means that **members could get their renewal forms in the mail at any time during this 1 year period.**

Overview of member renewal timelines

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Selected for Renewal & Auto-renewal attempted	• Whenever possible, MassHealth will **automatically process a member's renewal** by matching their information against state and federal data sets.
Renewal Notices in Blue Envelope (45 days to respond)	• If a member's renewal cannot be automatically processed, they will receive a blue envelope in the mail with a renewal form to complete and return to MassHealth. • Typically, members have **45 days to respond to renewal notices.**
Request for Information (RFI) (90 days to respond)	• If members respond to renewal notices but MassHealth still needs more information from the member, members have an **additional 90 days to respond** to that request for information.

Termination Notice	• Typically, members have **at least 14 days after receiving a termination notice before their benefits stop.**
Renewal Reconsideration Period (90-days)*	• During the reconsideration period a **member who has been closed for failure to respond to their renewal notice** can contact MassHealth to complete their renewal and will be **reinstated to the day that they were closed**, as long as they **contact MassHealth within 90 days of their MassHealth coverage terminating.**

*The 90-day renewal reconsideration period only applies for failure to respond to a renewal notice but DOES NOT apply for failure to respond to RFIs, verifications, or other types of notices.

There are two ways you can help members stay covered

Act now. Stay covered.

1

Help them **PREPARE** for renewals

While members are waiting for their renewals to arrive in the mail, there are steps that you, as a trusted advisor, can take to make sure they have the information they need
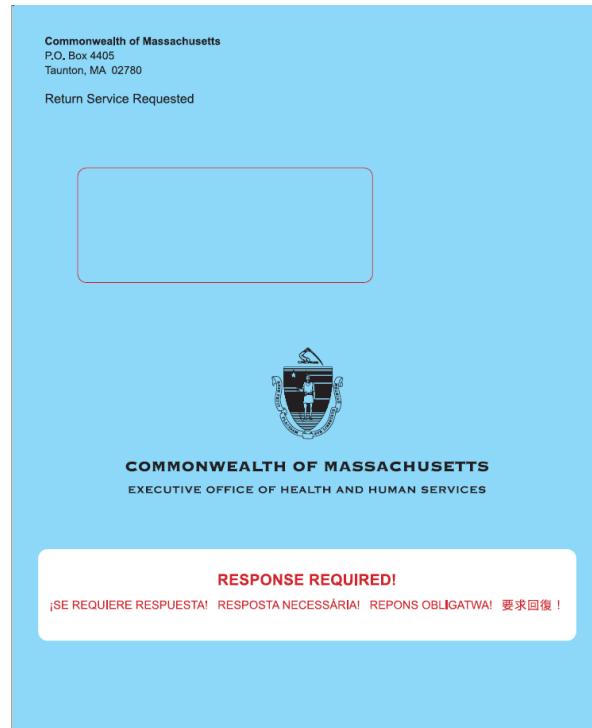
2

Help them understand how to **COMPLETE** renewals

You can help MassHealth members understand how to complete their renewals** – whether that means sitting side by side and helping them understand instructions on a form, or directing them to a MassHealth-specific renewal resource

**Note that you may, upon request, help members read their mail and understand instructions. You may not access their private information or act on their behalf, unless you are an Authorized Representative Designee (ARD)

Tell members to look out for mail from the Commonwealth of Massachusetts, including a blue envelope!

Act now.
Stay covered.

Commonwealth of Massachusetts
P.O. Box 4405
Taunton, MA 02780

Return Service Requested

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

RESPONSE REQUIRED!
¡SE REQUIERE RESPUESTA! RESPOSTA NECESSÁRIA! REPONS OBLIGATWA! 要求回復！

Tell members to watch for an **auto-renewal notice** (which they may get instead of a blue envelope if they are automatically renewed) and **any other mail that could be from MassHealth or the Commonwealth of Massachusetts,** such as Requests for Information or Verification (arrive in white envelopes).

Comprehensive member outreach efforts are underway

Act now. Stay covered.

- Outreach focuses on **most important messages**, including:
  - Call MassHealth to update your contact information
  - Check your mail – keep an eye out for the **blue envelope**
  - Respond to MassHealth

- [Materials](#) **in the top 9 languages of MassHealth members**: English, Spanish, Portuguese, Haitian Creole, Vietnamese, Khmer, Chinese, Arabic, and Cape Verdean Creole.

- MassHealth has begun **text/email outreach** to members to support renewals; this is particularly critical given likelihood members have moved and not updated MassHealth.

- **Additional supports have been developed for specific populations**: older individuals, individuals with disabilities, individuals experiencing homelessness, and non-citizens.

- Partnership with Health Care for All to launch **"Your Family, Your Health" campaign,** which will include canvassing, community-based organization grants, and media buy in the 15 cities and towns with the most members at risk of coverage loss.

Draft resource

Helping members get back on coverage

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- If a member loses coverage for administrative reasons (i.e., does not return their renewal form), in most cases they will still have a 90-day reconsideration period.

- This means that if a member responds within 90 days of losing coverage and is still eligible for MassHealth, their coverage will be effective retroactive to the date they were terminated.

- Providers should work to help members get back on coverage, especially if it's within this 90-day period, or find other coverage if they are no longer eligible for MassHealth.

- There are a variety of options for providers to help members, including on-site assisters.

- If a provider's location does not have an assister on-site, there are many other options for members to get help (see next slide).

- The most important thing for the member to do right away is call MassHealth at (800) 841-2900 TDD/TTY: 711.

- See MassHealth All Provider Bulletin 383 Responsibilities and Billing for Retroactively Reinstated Members.

Resources that exist to help members with coverage

Act now. Stay covered.

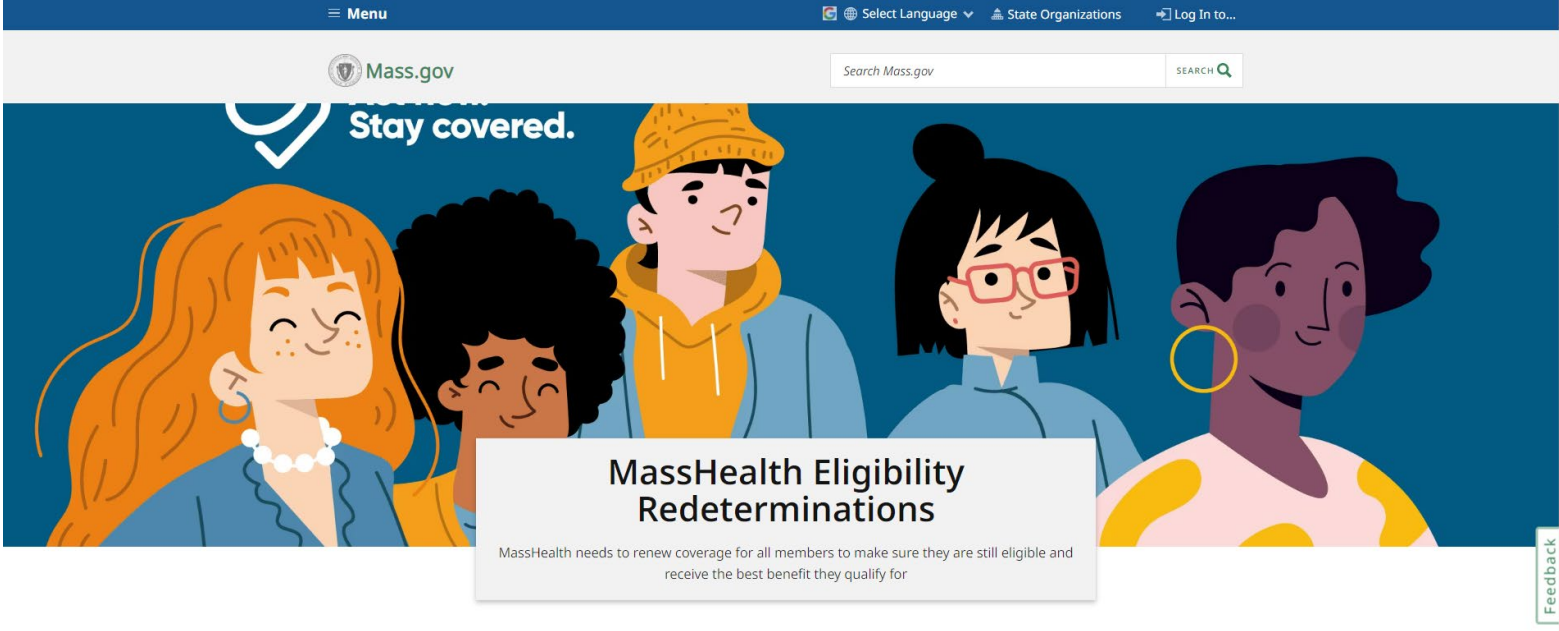| RESOURCE	DESCRIPTION
1 — MassHealth Enrollment Centers (MECs)	▪ MassHealth Enrollment Centers (MECs) provide members with **phone, virtual, or in-person assistance** with their applications from MassHealth staff. ▪ We recommend that members **schedule an appointment** ahead of time at www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative. Appointments can be via phone, virtual, or (started in July) in-person. ▪ There are **7 MECs across the State** – find the nearest one online at https://www.mass.gov/service-details/masshealth-enrollment-centers-mecs.
2 — Certified Application Counselors or Navigators	▪ Certified Application Counselors (CACs) and Navigators are a community-based resource **to help members apply for and renew health insurance benefits.** They are trained by MassHealth but are not MassHealth staff. ▪ People who need help to keep their MassHealth coverage and people who are no longer eligible for MassHealth can get help from CACs and Navigators. ▪ Help from CACs and Navigators is **free but may require an appointment**. You can also go online to find the nearest organization at https://my.mahealthconnector.org/enrollment-assisters.
3 — MassHealth Customer Service Center	▪ If the member has questions about their MassHealth renewal or loss of coverage, you can have them call the MassHealth Customer Service center. ▪ **Phone number: (800) 841-2900; TDD/TTY: 711** ▪ Hours: Monday-Friday 8am-5pm. Assistance is available in English, Spanish, Haitian Creole, Portuguese, Mandarin, Vietnamese, Arabic, and members may request a translator in any other language.

Provider billing responsibilities

- Reminder that providers have an obligation to bill MassHealth, not MassHealth members, for services payable by MassHealth.

- Please remember to always check the Electronic Verification System (EVS) before issuing bills to MassHealth members or sending bills to a collection agency.

- In particular due to the 90-day reconsideration period, a member may not appear to be eligible for MassHealth on the day a service was provided but may be retroactively reinstated by the time providers are ready to bill for the service or send a bill to collections.

- In some limited circumstances, a member's eligibility may also be reinstated more than 90 days after the date of service.

- MassHealth will provide claims deadline flexibility to accommodate these instances
  - Providers can request a waiver of the 90-day deadline to submit claims in these circumstances
  - This is specifically for services provided to a person who was not a member on the date of service but was later enrolled as a MassHealth member for a period that includes the date of service
  - Providers should include a copy of the bill sent to the member to support the 90-day waiver request

- As a requirement of state and federal law, providers must ensure they do not bill MassHealth members for services payable by MassHealth and must accept MassHealth's payment as payment in full.

- More details can be found in the bulletin MassHealth recently released on this topic: https://www.mass.gov/doc/all-provider-bulletin-372-reminder-of-billing-responsibilities-and-billing-for-retroactively-reinstated-members-0/download

Visit our renewal website

mass.gov/masshealthrenew

Final tips and reminders

1. If members are under 65, the **fastest and easiest way to renew their coverage is online** using their MA Login Account at www.mahix.org/individual.

2. If members are over 65 or in a nursing facility or HCBS waiver, the **fastest and easiest way to submit their renewal is via eSubmission** at https://mhesubmission.ehs.mass.gov/esb

3. **Remind members to call MassHealth to update their contact information** if they have moved or if they need to add a phone number or email address.

4. Due to the large number of renewals that need to be done this year, members may have **longer than usual hold times** at the Customer Service center.

5. Members may not get their renewal forms right away **– be on the lookout from now until April 2024.**

6. Please use the resources available to help you help members (the MECs, the Customer Service center, CACs / Navigators). **MassHealth thanks you for your invaluable help making sure members keep the best coverage they qualify for.**

7. Remember to **always bill MassHealth if a member was covered on the date of service**, even if they weren't on MassHealth when they initially received services.

Act now.
Stay covered.

Transportation Program Reminders

Presented by – Nestor Rivera, Sr. Provider Relations Specialist,

MassHealth Business Support Services

MassHealth Transportation PT-1

MassHealth provides non-emergency medical transportation for both ambulatory and non-ambulatory MassHealth members living in the community who are going to MassHealth-covered services.

This transportation is provided through a PT-1 form. This form is the request to order transportation for an eligible member to a MassHealth covered service.

MassHealth members will need a separate form for each location or service location/address that they need to go to.

We no longer accept PT-1 forms by fax or mail.

PT-1 transportation is a curb-to-curb service. This means that the MassHealth member should be able to get out to the vehicle and into their appointment without the help of the driver.
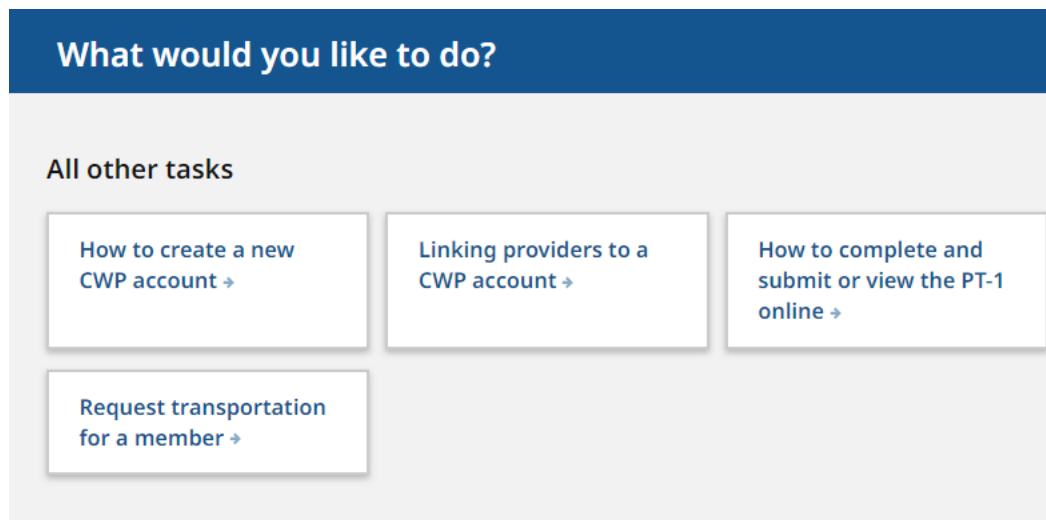
Transoportation Policy Reminders

The following policies related to authorizing and scheduling brokered nonemergency medical transportation apply to transportation authorized using Provider Request for Transportation (PT-1) forms and brokered by regional transit authorities (RTAs); they do not apply to fee-for-service transportation, such as nonemergency ambulance transportation, which are scheduled directly with the Ambulance provider for eligible members having MassHealth Standard, Common Health, or CarePlus coverage. Note there is a record keeping requirement to maintain a signed Medical Necessity Form in the patient record.

1. Three Days Advance Notice—MassHealth members will be required to contact their RTAs to schedule transportation at least three business days in advance of the day on which the transportation will occur, unless circumstances require an exception. RTAs will schedule transportation with less than three business days' notice if the member has an immediate need for treatment, the member will be receiving urgent care, or rescheduling the visit will negatively affect the member's condition. If a member notifies his or her RTA that such circumstances apply, the RTA will contact the member's provider to confirm.

2. PT1s do not schedule the transportation, they only serve to order transportation. The member/representative must contact the broker once their PT1 has been approved to schedule trips directly.

3. Address Changes—When a MassHealth member reports a new residential address, PT-1 forms authorizing transportation for the member to and from his or her residential address will remain valid until the sooner of the PT-1 form's end date and 30 days after the date of the address change. Providers will need to submit new PT-1 forms to authorize future transportation.

Finding Resources for Submission of PT-1

The Customer Web Portal (CWP) is the web-based self-service system used to submit provider requests for transportation services (PT-1s). To get started you must have or create an account.

You can find useful information and tutorials on Mass.Gov – MassHealth Transportation Information for Providers Page

Frequently Asked Questions

1. Trip distance and public transportation questions on the PT-1 form didn't pertain to my patient.

> You may have been asked an additional question about your patient's trip distance or public transportation availability. In these scenarios, please answer the questions to the best of your ability. An address may have affected the calculated trip distance between the patient's pick up address and the treating location.

2. How can I use the Treatment type for my patient's transportation that I've used in the past?

> The medical treatment type used for PT-1s is A dropdown which lists the ICD-10 diagnosis code chapters. You should convert the patient's medical condition into one of the entries listed.

3. Why did my patient's PT-1 expire?

> If the patient recently moved and reported an address change, all active PT-1s will require a new PT-1 form. To avoid any interruption in services, treating providers must submit new PT-1 requests within 30 days of the patient's address change. PT1s will also expire dependent on the duration and frequency that was submitted via the CW.

Transportation Resources

- **Transportation Regulations** https://www.mass.gov/regulations/130-CMR-407000-transportation-services

- **Human Service Transportation Office** https://www.mass.gov/orgs/human-service-transportation-office

- **PT-1 Frequently Asked Questions** https://www.mass.gov/info-details/pt-1-frequently-asked-questions-faq

Long-Term Services and Supports (LTSS): Provider Communications

Presented by – Sarah Westring – Senior Provider Enrollment Specialist - Optum

LTSS Provider Communications

The MassHealth LTSS Provider Service Center utilizes provider data to identify behavior trends for areas of targeted training via email. These emails may contain attached job aids or links to additional educational resources via the LTSS Provider Portal.

Areas of focus for these communications include but are not limited to:

- high claims denials for specific error codes,

- high prior authorization denials or administrative holds, and/or,

- audit findings/SURs reports.

The goal of each communication is to assist the Provider in reducing their administrative errors in billing and prior authorization.

LTSS Provider Communications (continued)

Over the last 3 months, Optum has sent over 70 email communications via our LTSS support inbox to LTSS Providers.

There have been 3 provider bulletins published on the MassHealth website: www.mass.gov

If you have not received or wish to begin receiving these communications, you may do so by following steps:

- For the LTSS support box communications, please reach out to the LTSS Provider Service Center and we can help ensure your inclusion in future communications,
- For communications from MassHealth on mass.gov, follow this link:

[Email Notifications for MassHealth Provider Bulletins and Transmittal Letters](#)

LTSS Provider Trainings and Quality Forums

Training or Quality Forums for MassHealth LTSS Providers:

- Trainings:

  - LTSS New Provider General Education Office Hours: 1/29/24
  - Home Health Agency Applicant Orientation Training: 4/2/24

- Quality Forums:

  - March 2024

LTSS Provider Portal Online Inquiry

As of August 10, 2023, providers are now able to submit questions through the newly launched LTSS Provider Portal Online Inquiry Form.

To submit an inquiry form, providers will need to have Provider Portal access.

- If you need help with obtaining access to the Provider Portal, please reach out to the Provider Service Center,

Inquiry forms can be submitted for any questions related to LTSS Provider Services, Enrollment, Claims, etc.

A tutorial video is also available and can be found by following this link:

[Provider Portal Online Inquiry Form Tutorial](#)

POSC Primary User Policy

Each MassHealth enrolled organization must ensure that access to its information within the POSC is managed appropriately. Specifically, the organization must:

Assign a single Primary User to manage access to the organization's information within the POSC. The access also facilitates the user's ability to utilize MassHealth's HIPAA Transaction Connectivity Method. Organizations can assign the same Primary User to manage access for multiple Provider ID Service locations (PID/SL)s as required.

Assign a single back-up Primary User to manage access to organization's information if the Primary User is unavailable.

Ensure that both the Primary User and back-up Primary User roles are filled and are always managing the access to the organization's information.

Implement policies to ensure that only those users that should have access to the organization's data can view, submit, or receive information on behalf of the organization.

Please review the full policy here: Primary User Policy

Ordering Referring and Prescribing (ORP) Requirements Update

Presented by Michael Gilleran, Senior Provider

Relations Specialist

Ordering and Referring (O&R) Background

If MassHealth requires that a service is ordered, referred or prescribed, Section 6401(b) of the Affordable Care Act (ACA) requires that the Billing provider include an authorized ordering, referring or prescribing (ORP) provider's National Provider Identifier (NPI) on the claim. The ACA also requires that the ORP provider be enrolled with MassHealth as a fully participating provider or as a non-billing ORP provider.

Under state law, certain provider types are **required**, as a condition of state licensure to apply to be enrolled with MassHealth as either billing providers or as non-billing providers for the purposes of ordering, referring, and prescribing services to MassHealth members. Failure to complete a MassHealth revalidation process may prevent such providers from renewing their license to practice at a future date. In addition to several other provider types (see M.G.L. Ch. 112), this state law applies to physician interns and residents (see M.G.L. Ch. 112, Sec. 9).

Ordering and Referring (O&R) Background (continued)

MassHealth

Authorized ORP Provider Types

Provider Types (including interns and residents in those provider types) authorized to be included on a claim as the ordering, referring, or prescribing provider and who, as described on the previous slide, must apply to enroll as at least a non-billing provider:

Certified Nurse Midwife (PT-08)	Pharmacist (if authorized to prescribe) (PT-90)
Clinical Nurse Specialist (PT-57)	Physician (PT-01)
Certified Registered Nurse Anesthetist (PT-51)	Physician Assistant (PT-39)
Dentist (PT-10)	Podiatrist (PT-06)
Licensed Independent Clinical Social Worker (PT-92)	Psychiatric Clinical Nurse Specialist (PT-78)
Certified Nurse Practitioner (PT-17)	Psychologist (PT-05)
Optometrist (PT-02)	

O&R Billing Requirements

Below are services that must be ordered, referred or prescribed. MassHealth O&R requirements apply to fee-for-service, crossover (where MassHealth requires O&R) and third-party liability claims, but not to claims submitted to MassHealth managed care entities.

*Any service that requires a PPC referral
https://www.mass.gov/service-details/referrals-for-services-in-masshealth-pcc-plan
(Note that PCC Referrals are currently paused)

Adult Day Health	Labs and Diagnostic Tests
Adult Foster Care	Medications
Continuous Skilled Nursing	Orthotics
Durable Medical Equipment	Oxygen/Respiratory Equipment
Eyeglasses	Prosthetics
Group Adult Foster Care	Psychological Testing
Home Health	Therapy (PT, OT, ST)
Independent Nurse	

ORP Provider Enrollment Requirements

Nonbilling Provider Application vs. Medical Practitioner Application

Provider Application Matrix

If the provider is rendering services to MassHealth members, please refer to the table below to determine which application is required depending on work setting:

Provider Type	Working as… Individual Provider	Working as… Provider employed under a MassHealth contracted group practice (PT-97)	Working for… **Other Entities or a group practice that does not participate with MassHealth
Certified Nurse Practitioner (PT-17) Certified Registered Nurse Anesthetist (PT-51) Clinical Nurse Specialist (PT-57) Nurse Midwife (PT-08) Optometrist (PT-02) Physician (PT-01) Podiatrist (PT-06) Psychiatric Clinical Nurse Specialist (PT-78) Psychologist (PT-05) Licensed Independent Clinical Social Worker (PT-92)	Must fill out Medical Practitioner Application	Must fill out Medical Practitioner Application	May fill out Nonbilling (ORP) Application or Medical Practitioner Application
Physician Assistant (PT-39)	N/A (not eligible for reimbursement). Nonbilling (ORP) Application required to be in compliance with O&R Regulations	Medical Practitioner (PA rendered services are only reimbursable to group practices that have at least one physician)	Nonbilling (ORP) Application

***Other entities include:** Community Health Center, Rehabilitation Center, Mental Health Center, Substance Abuse Program, Acute Outpatient Hospital, Hospital Licensed Health Center, and Chronic Outpatient Hospital. If the provider additionally renders services to MassHealth members as a sole proprietor or as part of a group practice, the provider must submit a Medical Practitioner application instead*

Implementation of ORP Billing Requirements (slide 1 of 3)

- Impacted claims submitted for payment to MassHealth must meet the following requirements:

    - The Individual ORP provider's NPI must be included on the claim,

    - The NPI of the provider on the claim must be one of the ORP provider types,

    - The ORP provider must be enrolled with MassHealth, at least as a nonbilling provider.

- MassHealth has been running informational denial messages for the last several years to assist billing providers with updating their billing processes to comply with the ORP requirements.

- Please see All Provider Bulletin (APB) 286 for details on the informational messages and for billing instructions.

- Please also see the "How To" document on populating the ordering and referring provider information when submitting claims that is posted on the ORP webpage under "Additional Resources".

Implementation of ORP Billing Requirements (slide 2 of 3)

- Due to the pandemic, MassHealth paused the enforcement of ORP requirements that were being implemented based on the schedule in APB 286.

- The dates for the reinstatement of the enforcement of ORP requirements were announced in All Provider Bulletin 361, published on March 16, 2023.

- For Dates of Service on or after July 1, 2023 impacted claims are not payable if they do not meet the following ORP requirements:

  - The Individual ORP provider's NPI must be included on the claim,

  - The ORP Provider must be an authorized ORP provider types (see list on page 2 of All Provider Bulletin 286).

Implementation of ORP Billing Requirements (slide 3 of 3)

- For Dates of Service on or after September 1, 2023, impacted claims are not payable if they do not meet the following ORP requirement:

  - The ORP provider must be enrolled with MassHealth, at least as a nonbilling provider.

- Due to an administrative error, impacted claims for dates of service on or after September 1, 2023, that did not meet the aforementioned ORP requirement may not have been denied. For such claims, denials are being retroactively applied. MassHealth apologizes for the inconvenience.

ORP Edits

Over the last 12 months, outreach has focused on unenrolled providers

Provider Types with the highest number of edits related to including a non-enrolled provider on a claim are:

- Adult Foster Care /Group Adult Foster Care (PT 62)
- Durable Medical Equipment (PT 41)
- Adult Day Health (PT 63)
- Group Practice Organizations (PT 97)
- Community Health Centers (PT20)
- Certified Independent Laboratory (PT 46)
- Acute Outpatient Hospital (PT 80)

ORP Provider Types and Enrollment Status as of January 23rd, 2024
*With detail regarding MassHealth Service Area Enrollment Saturation

Authorized ORP Provider Types	*MA Licensed & Business Addresses in MA, ME, NH, VT, CT, RI, NY	Total # ORP Provider Types "Known" to MassHealth	Total % Enrolled or In Progress
Physician	28,583	36,527	128%
Optometrist	1,414	1,205	85%
Psychologist	6,064	4,536	75%
Podiatrist	486	427	88%
Nurse Midwife	521	440	84%
Dentist	7,266	5,967	82%
Nurse Practitioner (NP)	13,944	11,928	86%
Physician Assistant (PA)	5,383	4.937	92%
Certified Registered Nurse Anesthetists (CRNA)	1,220	1,180	97%
Clinical Nurse Specialist (CNS)	76	41	54%
Psychiatric Nurse Mental Health Specialist (PCNS)	483	349	72%
Pharmacist	162	150	93%
Licensed Independent Clinical Social Worker (LICSW)	16,241	12,460	77%
Total	81,883	80,147	98%

- Claims for the services that are ordered, referred, or prescribed by a clinician who is not one of the authorized ORP provider types listed above must include the NPI of the clinician's supervising physician (or other authorized ORP provider) on the claim.
- Note that pharmacy claims must include the individual NPI of the actual prescribing provider.

Unenrolled Provider ORP Edits

The chart below shows the number of impacted claims for providers that are not active in MMIS and in month of December 2023 because the provider is not actively enrolled with MassHealth.

Summary of Ordering Edit NPIs December 2023

	NPIs	Billing PIDSLs	Impacted Claims	% of Impacted Claims
Not Licenses Or Certified	**509**	**138**	**1329**	**48%**
Physician	481	131	1272	46%
Optometrist	1	1	1	0%
Psychologist	1	1	1	0%
Nurse Practitioner	15	13	33	1%
Physician Assistant	10	11	18	1%
Group Practice Organization	1	1	4	0%
Voluntary Suspension Retired	**72**	**31**	**450**	**16%**
Physician	69	31	443	16%
Nurse Practitioner	2	1	3	0%
Group Practice Organization	1	1	4	0%
Involuntary Suspension – Provider Deceased	**35**	**22**	**147**	**5%**
Physician	29	20	123	4%
Nurse Practitioner	5	5	21	1%
Physician Assistant	1	1	3	0%
Totals:	**616**	**167**	**1926**	

Unenrolled Provider ORP Edits (continued)

This chart shows the impact on claims in December 2023 where the provider is not known or is not a valid ORP provider in MMIS.

Summary of Ordering Edit NPIs Not Know to MMIS

	NPIs	Billing PIDSLs	Claims	% of Claims
Application In Progress	5	5	17	1%
Deactivated NPI	4	4	7	1%
Entity NPI	7	6	46	4%
Invalid NPI	124	17	285	24%
Valid NPI; BORIM License Active	18	15	40	3%
Valid NPI; BORIM License Inactive	1	1	1	0%
Valid NPI; License Lapsed	1	1	6	1%
Valid NPI; NPPES DBA State Borders MA	119	56	221	19%
Valid NPI; NPPES state is MA	72	53	247	21%
Valid NPI; NPPES DBA State is Non-Bordering State	130	70	302	26%
Totals:	**481**	**159**	**1172**	

POSC Provider Search Function

- MassHealth has a Provider Search tool to assist billing providers in determining whether an ORP provider is enrolled with MassHealth.

- In order to use the Provider Search Function, you must be logged into the POSC. The Provider Search Option is in the left navigation list.

- Results will return PROVIDER NAME, ADDRESS, NPI and "ACTIVE Y" or "No active MassHealth providers found."

- Please note that a response of ACTIVE Y does not definitively confirm that the provider is eligible to be an Ordering, Referring or Prescribing provider. For example, facilities and entities (e.g., hospitals, health centers, group practices) are not authorized ORP providers. Also, individual providers could be in a provider type that is not authorized to Order, Refer or Prescribe.

POSC Provider Search Function (continued)

- Note that a MassHealth provider's enrollment status is subject to change due to reasons including, but not limited to, retirement, death, withdrawal from the MassHealth program, and expiration or revocation of license. Some situations, including, but not limited to, the expiration or revocation of a provider's license, may lead to a provider being retroactively removed from the MassHealth program.

- Billing providers should record the Name, Address, and NPI of any ORP provider. This will help to identify a ORP provider when using the POSC.

Unenrolled ORP Provider Processes

- MassHealth and its customer service and Business Support vendors are working with the licensing boards to confirm compliance with the state law. ORP providers identified as non-compliant by the licensing board are issued letters from the licensing board informing them they must apply to enroll with MassHealth or it may result in disciplinary action.

- If the ORP provider is not enrolled, billing providers are encouraged to reach out to the ORP provider to urge them to enroll with MassHealth since it has an impact on their payment and to remind them of the state law requiring them to apply to enroll with MassHealth as a condition of licensure.

Unenrolled ORP Provider Processes (continued)

- If the ORP provider will not enroll or needs assistance with applying to MassHealth, billing providers should contact their Provider Customer Service call center with the name and contact information of the ORP provider.

- MassHealth will perform outreach to the unenrolled ORP providers in an effort to get them enrolled.

- MassHealth will also send letters to unenrolled ORP providers who appear on claims and will notify the relevant licensure board.

- The aforementioned state law requirement applies to all providers who are authorized ORP provider types, including, but not limited to, such providers who are employed only at a non-group-practice MassHealth-enrolled entity which bills MassHealth for their services (hereinafter, "entity-only providers"), such as a physician who is employed only as staff of a MassHealth-enrolled hospital or community health center. Entity-only providers are required to apply to enroll in MassHealth as a nonbilling provider.

MassHealth Doula Provider Program

Presented by Michael Gilleran, Senior Provider Relations Specialist

Doula Provider Enrollment

- As of December 8, 2023, MassHealth now covers doula services, subject to MassHealth coverage limitations, for MassHealth members while they are pregnant, during delivery, and up to 12 months after delivery.

- In order to become a MassHealth doula provider, doulas need to meet the eligibility criteria outlined in [130 CMR 463.000](#) and submit a complete application package to MassHealth. Below is a step-by-step guide to enrolling as an individual MassHealth doula provider.

- Over 200 Doula providers attended training sessions offered to introduce them to the MassHealth program.

- The training will be available on the [Provider Learning Management System](#)

MassHealth Webpage For Doulas

www.mass.gov/info-details/masshealth-doula-services-program-information-for-doulas

This webpage has important information for doulas including:

- Overview of the MassHealth doula program

- Summary of eligibility requirements for doulas

- Step-by-step instructions for enrolling as a MassHealth doula provider

- Links to important doula-related regulations

- Resources

MassHealth Webpage for Pregnant Members

Mass.gov/masshealthpregnancy

Available in several languages:

English, Spanish, Brazilian Portuguese, Haitian Creole, simplified Chinese, and Vietnamese

This webpage includes:

- Important information related to eligibility and coverage for pregnant members.

- Checklist with key activities (e.g., notifying MassHealth about pregnancy, scheduling prenatal care, enrolling with WIC, contacting their health plan).

- Examples of MassHealth covered services.

- Information about MassHealth coverage for infants

- Community resources and supports

  - Behavioral health (mental health and substance use disorder)

  - Home visiting programs

  - Social services

Note: MassHealth plans to publish a member-facing webpage about the doula program in early 2024. That link will also be added to this webpage for easy access.

E-Signatures

Presented by – Michelle Croy, Sr. Provider Relations Specialist, MassHealth Business Support Services

E-signatures

MassHealth All Provider Bulletin 385 December 2023

MassHealth previously required providers to sign MassHealth forms with wet signatures (i.e., ink on paper) and accepted scanned images of wet signatures, on the Massachusetts Substitute W-9 and Electronic Funds Transfer (EFT) form.

Effective immediately, MassHealth will begin accepting e-signatures on any provider enrollment forms, in addition to those above, where the signature field states that electronic signatures are allowed.

Provider enrollment forms that can be completed with e-signatures include, but are not limited to the following:

- Provider applications
- Provider contracts
- Federally Required Disclosures Form (FRDF)
- Data Collection Form (DCF)
- Trading Partner Agreement (TPA)
- Electronic Remittance Advice (ERA)

E-signatures (continued)

A provider can sign MassHealth enrollment forms in any of the following ways:

1. Traditional hand-drawn signature (ink on paper);

2. Electronic signature that is either:

   a. Hand drawn using a mouse or finger if working from a touch screen device; or

   b. An uploaded picture of the signatory's hand drawn signature.

3. Electronic signatures affixed using a digital tool such as Adobe Sign or DocuSign. A digital signature certification must be included with the signature.

E-signatures will be accepted on other forms when the signature field is updated and states it is acceptable. MassHealth is working on modifying these forms and where applicable, those forms will be posted to Mass.gov.

Criteria for Acceptable Traditional and Electronic Signatures

- Effective December 2023 MassHealth will accept wet and electronic signatures.

- The most recent version of the form must be used and **state that *electronic signatures are allowed.***

- All signatures must be visible, include the signatory's name, and have a signature date.

- Typed text of a name that is not generated by a digital tool such as Adobe Sign or DocuSign, including typed text in computer-generated cursive script, or an electronic symbol, are not acceptable forms of electronic signature.

MassHealth Reminders and Updates

Presented by – Michelle Croy, Sr. Provider Relations Specialist, MassHealth Business Support Services

Childrens Behavioral Health Initiative CANS Tool Update

The cadence for completing the CANS tool within Outpatient, Intensive Care Coordination, and In-Home Therapy has changed.

The Behavioral Health Vendor, Accountable Care Partnership Plan (ACPP) and Managed Care Organization (MCO) contracts currently require plans to ensure that the CANS Assessment is conducted and completed during the initial behavioral health assessment, before the initiation of therapy.

Those providers after completing the initial CANS with the comprehensive assessment complete it every **180 days** thereafter (change from every 90 days). See MCE bulletin 106.

Provider Education LMS

The MassHealth Provider Learning Management System(LMS) for Non-OLTSS providers is a system providers can use 24/7 as an educational resource.

The Provider LMS delivers:

- Previous live training presentations

- New on demand training courses

- Resources

- Course surveys

If you are currently a registered user but have forgotten your user-name or password, you can retrieve it from the sign-in screen.

New Users can create a profile and begin using the system immediately.

Visit: https://masshealth.inquisiqlms.com/Default.aspx

OLTSS and Dental providers should visit their respective vendor site for training opportunities.

Office Hours Overview

- Business Support Services regularly hosts a webinar called "Office Hours"

- Purpose is to assist providers and credentialing specialists with MassHealth Provider Enrollment process for Fee-For-Service Individuals (Independent or as part of a Group Practice)

- Each session is 90 minutes and Includes a step-by-step rundown of the Enrollment process

- Hosted by a team of Provider Relations and Enrollment Credentialing specialists

- Invites are sent to active enrollments, but all are welcome

- Special emphasis for <u>FFS LICSWs</u> to attend

- <u>LINK</u> for current round of Office Hours sessions

Provider Bulletins

All Provider Bulletins

- [MassHealth All Provider Bulletin 379 (October)](#) Access to Health Services through Telehealth Options

- [MassHealth All Provider Bulletin 380 (October)](#) Updates to the Implementation of Prescriber Requirements for Pharmacies

- [MassHealth All Provider Bulletin 381(October)](#) Updates to Certain Child and Adolescent Needs and Strengths Assessment Requirements

- [MassHealth All Provider Bulletin 382 (November)](#) Changes to MassHealth's Accountable Care Organizations on January 1, 2024

- [MassHealth All Provider Bulletin 383 (December)](#) Reminder of Billing Responsibilities and Billing for Retroactively Reinstated Members

- [MassHealth All Provider Bulletin 384 (December)](#) Update to the Continued Suspension of Primary Care Clinician Plan & Primary Care ACO Referrals

- [MassHealth All Provider Bulletin 385 (December)](#) Criteria for Acceptable Traditional and Electronic Signatures

Resources

MassHealth Website

- These bulletins are all available on: http://www.mass.gov/masshealth-provider-bulletins

- MassHealth for Providers web page: https://www.mass.gov/masshealth-for-providers

Provider Email Alerts

- Sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters by following this link:

    - https://www.mass.gov/forms/email-notifications-for-provider-bulletins-and-transmittal-letters